

# SB2957



## 99TH GENERAL ASSEMBLY

### State of Illinois

2015 and 2016

SB2957

Introduced 2/18/2016, by Sen. Antonio Muñoz

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-4.2

from Ch. 23, par. 5-4.2

Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to implement an average commercial rate supplemental payment program for ground ambulance service providers for dates of service beginning no later than July 1, 2016. Provides that no later than September 30, 2016, the Department must submit to the federal Centers for Medicare and Medicaid Services (CMS) a State plan amendment to implement an average commercial rate supplemental payment program. Provides that the Department must require managed care organizations, including managed care community networks, to pay the CMS approved average commercial rates in coordination with the Department. Effective immediately.

LRB099 19520 KTG 44930 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by  
5 changing Section 5-4.2 as follows:

6 (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

7 Sec. 5-4.2. Ambulance services payments.

8 (a) For ambulance services provided to a recipient of aid  
9 under this Article on or after January 1, 1993, the Illinois  
10 Department shall reimburse ambulance service providers at  
11 rates calculated in accordance with this Section. It is the  
12 intent of the General Assembly to provide adequate  
13 reimbursement for ambulance services so as to ensure adequate  
14 access to services for recipients of aid under this Article and  
15 to provide appropriate incentives to ambulance service  
16 providers to provide services in an efficient and  
17 cost-effective manner. Thus, it is the intent of the General  
18 Assembly that the Illinois Department implement a  
19 reimbursement system for ambulance services that, to the extent  
20 practicable and subject to the availability of funds  
21 appropriated by the General Assembly for this purpose, is  
22 consistent with the payment principles of Medicare. To ensure  
23 uniformity between the payment principles of Medicare and

1 Medicaid, the Illinois Department shall follow, to the extent  
2 necessary and practicable and subject to the availability of  
3 funds appropriated by the General Assembly for this purpose,  
4 the statutes, laws, regulations, policies, procedures,  
5 principles, definitions, guidelines, and manuals used to  
6 determine the amounts paid to ambulance service providers under  
7 Title XVIII of the Social Security Act (Medicare).

8 (b) For ambulance services provided to a recipient of aid  
9 under this Article on or after January 1, 1996, the Illinois  
10 Department shall reimburse ambulance service providers based  
11 upon the actual distance traveled if a natural disaster,  
12 weather conditions, road repairs, or traffic congestion  
13 necessitates the use of a route other than the most direct  
14 route.

15 (c) For purposes of this Section, "ambulance services"  
16 includes medical transportation services provided by means of  
17 an ambulance, medi-car, service car, or taxi.

18 (c-1) For purposes of this Section, "ground ambulance  
19 service" means medical transportation services that are  
20 described as ground ambulance services by the Centers for  
21 Medicare and Medicaid Services and provided in a vehicle that  
22 is licensed as an ambulance by the Illinois Department of  
23 Public Health pursuant to the Emergency Medical Services (EMS)  
24 Systems Act.

25 (c-2) For purposes of this Section, "ground ambulance  
26 service provider" means a vehicle service provider as described

1 in the Emergency Medical Services (EMS) Systems Act that  
2 operates licensed ambulances for the purpose of providing  
3 emergency ambulance services, or non-emergency ambulance  
4 services, or both. For purposes of this Section, this includes  
5 both ambulance providers and ambulance suppliers as described  
6 by the Centers for Medicare and Medicaid Services.

7 (d) This Section does not prohibit separate billing by  
8 ambulance service providers for oxygen furnished while  
9 providing advanced life support services.

10 (e) Beginning with services rendered on or after July 1,  
11 2008, all providers of non-emergency medi-car and service car  
12 transportation must certify that the driver and employee  
13 attendant, as applicable, have completed a safety program  
14 approved by the Department to protect both the patient and the  
15 driver, prior to transporting a patient. The provider must  
16 maintain this certification in its records. The provider shall  
17 produce such documentation upon demand by the Department or its  
18 representative. Failure to produce documentation of such  
19 training shall result in recovery of any payments made by the  
20 Department for services rendered by a non-certified driver or  
21 employee attendant. Medi-car and service car providers must  
22 maintain legible documentation in their records of the driver  
23 and, as applicable, employee attendant that actually  
24 transported the patient. Providers must recertify all drivers  
25 and employee attendants every 3 years.

26 Notwithstanding the requirements above, any public

1 transportation provider of medi-car and service car  
2 transportation that receives federal funding under 49 U.S.C.  
3 5307 and 5311 need not certify its drivers and employee  
4 attendants under this Section, since safety training is already  
5 federally mandated.

6 (f) With respect to any policy or program administered by  
7 the Department or its agent regarding approval of non-emergency  
8 medical transportation by ground ambulance service providers,  
9 including, but not limited to, the Non-Emergency  
10 Transportation Services Prior Approval Program (NETSPAP), the  
11 Department shall establish by rule a process by which ground  
12 ambulance service providers of non-emergency medical  
13 transportation may appeal any decision by the Department or its  
14 agent for which no denial was received prior to the time of  
15 transport that either (i) denies a request for approval for  
16 payment of non-emergency transportation by means of ground  
17 ambulance service or (ii) grants a request for approval of  
18 non-emergency transportation by means of ground ambulance  
19 service at a level of service that entitles the ground  
20 ambulance service provider to a lower level of compensation  
21 from the Department than the ground ambulance service provider  
22 would have received as compensation for the level of service  
23 requested. The rule shall be filed by December 15, 2012 and  
24 shall provide that, for any decision rendered by the Department  
25 or its agent on or after the date the rule takes effect, the  
26 ground ambulance service provider shall have 60 days from the

1 date the decision is received to file an appeal. The rule  
2 established by the Department shall be, insofar as is  
3 practical, consistent with the Illinois Administrative  
4 Procedure Act. The Director's decision on an appeal under this  
5 Section shall be a final administrative decision subject to  
6 review under the Administrative Review Law.

7 (f-5) Beginning 90 days after July 20, 2012 (the effective  
8 date of Public Act 97-842), (i) no denial of a request for  
9 approval for payment of non-emergency transportation by means  
10 of ground ambulance service, and (ii) no approval of  
11 non-emergency transportation by means of ground ambulance  
12 service at a level of service that entitles the ground  
13 ambulance service provider to a lower level of compensation  
14 from the Department than would have been received at the level  
15 of service submitted by the ground ambulance service provider,  
16 may be issued by the Department or its agent unless the  
17 Department has submitted the criteria for determining the  
18 appropriateness of the transport for first notice publication  
19 in the Illinois Register pursuant to Section 5-40 of the  
20 Illinois Administrative Procedure Act.

21 (g) Whenever a patient covered by a medical assistance  
22 program under this Code or by another medical program  
23 administered by the Department is being discharged from a  
24 facility, a physician discharge order as described in this  
25 Section shall be required for each patient whose discharge  
26 requires medically supervised ground ambulance services.

1 Facilities shall develop procedures for a physician with  
2 medical staff privileges to provide a written and signed  
3 physician discharge order. The physician discharge order shall  
4 specify the level of ground ambulance services needed and  
5 complete a medical certification establishing the criteria for  
6 approval of non-emergency ambulance transportation, as  
7 published by the Department of Healthcare and Family Services,  
8 that is met by the patient. This order and the medical  
9 certification shall be completed prior to ordering an ambulance  
10 service and prior to patient discharge.

11 Pursuant to subsection (E) of Section 12-4.25 of this Code,  
12 the Department is entitled to recover overpayments paid to a  
13 provider or vendor, including, but not limited to, from the  
14 discharging physician, the discharging facility, and the  
15 ground ambulance service provider, in instances where a  
16 non-emergency ground ambulance service is rendered as the  
17 result of improper or false certification.

18 (h) On and after July 1, 2012, the Department shall reduce  
19 any rate of reimbursement for services or other payments or  
20 alter any methodologies authorized by this Code to reduce any  
21 rate of reimbursement for services or other payments in  
22 accordance with Section 5-5e.

23 (i) The Department must implement an average commercial  
24 rate supplemental payment program for ground ambulance service  
25 providers for dates of service beginning no later than July 1,  
26 2016. No later than September 30, 2016, the Department must

1 submit to the federal Centers for Medicare and Medicaid  
2 Services (CMS) a State plan amendment to implement an average  
3 commercial rate supplemental payment program. The Department  
4 must require managed care organizations as defined in Section  
5 5-30.1 of this Code, including managed care community networks  
6 as defined in Section 5-11 of this Code, to pay the CMS  
7 approved average commercial rates in coordination with the  
8 Department.

9 (Source: P.A. 97-584, eff. 8-26-11; 97-689, eff. 6-14-12;  
10 97-842, eff. 7-20-12; 98-463, eff. 8-16-13.)

11 Section 99. Effective date. This Act takes effect upon  
12 becoming law.